

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	90285	
O.I.P.E. CLASSIFIER		25	03-18-23
FORMALITY REVIEW	Dm Dm	72223 72223	3-24-29 6/9/24

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Claim	Final	Original	Date
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Claim	Final	Original	Date
51		6/18	1/01 KA
52			9/01 KA
53			6/02 KA
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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